

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10268372</i>	FILING DATE			
								APPLICANT(S)				
								CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1							51				
2								52				
3								53				
4								54				
5								55				
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44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	<i>1</i>							TOTAL IND.				
TOTAL DEP.	<i>9</i>							TOTAL DEP.				
TOTAL CLAIMS	<i>10</i>							TOTAL CLAIMS				